



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Branch - Bay & Central Region
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April 15, 2009

Alfredo Aguirre, LCSW
Mental Health Services Director
San Diego Health and Human Services Agency
3255 Camino Del Rio South
San Diego, CA 92108

Dear Mr. Aguirre:

**SAN DIEGO COUNTY HEALTH & HUMAN SERVICES AGENCY
FORMAL APPEAL SETTLEMENT
FISCAL PERIOD ENDED JUNE 30, 2002**

In accordance with California Welfare and Institutions Code Section 14171, the audit report for San Diego County Health and Human Services Agency for the fiscal period ended June 30, 2002 has been revised to incorporate the audit appeal decisions adopted by the Director of the Department of Health Services.

In our opinion, the amount shown in the accompanying Summary of Federal Share of Federal Short-Doyle/Medi-Cal Program Costs per Appeal (Schedule 1) represents the net amount allowable according to the above-mentioned statute.

The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Per Audit</u>	<u>Per Appeal</u>	<u>Adjustment</u>
Federal Share of Medi-Cal	\$40,620,352	\$40,666,135	\$45,783
Federal Share of Healthy Families	\$ 115,898	\$ 115,898	\$ 0
State General Funds - EPSDT	\$15,135,013	\$15,221,353	\$86,340

Sincerely,

WALTER J. HILL, JR., MBA, EA
Chief of Audits

MABEL GILTNER, Supervisor
Audits Branch - Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF FEDERAL SHARE OF FEDERAL MEDI-CAL
FISCAL YEAR ENDED JUNE 30, 2002**

		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Appealed</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>40,736,250</u>	\$ <u>45,783</u>	\$ <u>40,782,033</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT- SGF	(Sch. 4)	\$ <u>15,135,013</u>	\$ <u>86,340</u>	\$ <u>15,221,353</u>

SCHEDULE 2

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2002**

<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Appealed</u>
COUNTY - FFP	(Sch. 2a-2)	\$ 18,200,786	\$ (1)	\$ 18,200,785
CONTRACT PROVIDERS - FFP	(Sch. 3-4)	22,535,464	45,784	22,581,248
SUBTOTAL		<u>\$ 40,736,250</u>	<u>\$ 45,783</u>	<u>\$ 40,782,033</u>
		(To Sch. 1)		

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002**

COUNTY OPERATED FEDERAL

		As Audited	Audit Adjustments	As Appealed
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 65,204	\$ 0	\$ 65,204
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	22,600,482	(0)	22,600,482
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16A, 16B)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16A, 16B)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	70,540	0	70,540
9. Total		<u>\$ 22,736,226</u>	<u>\$ 0</u>	<u>\$ 22,736,226</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	38,591	0	38,591
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 38,591</u>	<u>\$ 0</u>	<u>\$ 38,591</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 8,12)	\$ 65,204	\$ 0	\$ 65,204
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 9,13)	22,561,891	(0)	22,561,891
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	70,540	0	70,540
25. Total		<u>\$ 22,697,635</u>	<u>\$ 0</u>	<u>\$ 22,697,635</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1968, Ln 35)	\$ 241,501	\$ 0	\$ 241,501
27. Service Functions 11-19, 31-39	(MH1968, Ln 35)	312,542	(1)	312,541
28. Service Functions 21-19	(MH1968, Ln 35)	214,521	0	214,521
29. Total		<u>\$ 768,564</u>	<u>\$ (1)</u>	<u>\$ 768,563</u>

(Cont'd Sch 2a-2)

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2002**

COUNTY OPERATED FEDERAL

		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Appealed</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Family-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Family-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 13,036,532	\$ (536,201)	\$ 12,500,331
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 9,527,282	\$ 248,040	\$ 9,775,322
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 9,527,282</u>	<u>\$ 248,040</u>	<u>\$ 9,775,322</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 32,167	\$ (25,113)	\$ 7,054
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1960, Ln 13)	\$ 441,597	\$ 0	\$ 441,597
44. Other Medi-Cal U.R.	(MH1960, Ln 14)	\$ 2,081,692	\$ 0	\$ 2,081,692
<u>Net Reimbursable Cost - FFP</u>				
45. Direct Services - SD/MC	(MH1979, Ln 16,16A)	\$ 11,622,153	\$ (0)	\$ 11,622,153
46. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
47. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	MH 1979, Ln 11, 12 & 13	437,913	(1)	437,912
49. Administrative Reimbursement-SD/MC	(MH1979, Ln 6)	4,887,661	0	4,887,661
50. U.R. Skilled Professional	(MH1979, Ln 14)	331,198	(0)	331,198
51. U.R. Other	(MH1979, Ln 15)	1,040,846	0	1,040,846
52. Negotiated Rate-Payback-SD/MC & Enhanced	(MH1979, Ln 20)	0	0	0
53. Healthy Families Reimbursement	(MH1979, Ln 27)	46,527	(0)	46,527
54. Subtotal- FFP		<u>\$ 18,366,298</u>	<u>\$ (1)</u>	<u>\$ 18,366,297</u>
55. Quality Assurance Review Results	(Adj # 20)	\$ (165,512)	\$ 0	\$ (165,512)
56. Total - FFP		<u>\$ 18,200,786</u>	<u>\$ (1)</u>	<u>\$ 18,200,785</u>

(To Sch. 2)

SCHEDULE 3-1

[illegible]

[illegible]

[illegible]

SCHEDULE 3-4

(To Sch. 2)

SCHEDULE 4

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION EPSDT STATE SHARE PER AUDIT
FISCAL PERIOD ENDED JUNE 30, 2002

	As Audited	Adjustment	As Appealed
(1) SD/MC Actuals	63,945,876	297,388	64,243,264
(2) Total SD/MC Claims	83,116,356	0	83,116,356
(3) Percent (Line 1/Line 2)	0.7694	0.0036	0.7729
(4) EPSDT Claims	49,611,402	0	49,611,402
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	38,168,716	177,508	38,346,224
(6) Cost Settled Baseline for EPSDT	7,052,323	0	7,052,323
(7) Net Cost Settlement Amount (Line 5 - Line 6)	31,116,393	177,508	31,293,901
(8) 48.64% of Net Cost Settlement Amount Line 7 X 48.64%)	15,135,013	86,340	15,221,353
(9) SGF Distribution Settled and Audited	15,135,013	0	15,135,013
(10) SGF due (State)	<u>0</u>	<u>86,340</u> *	<u>86,340</u> (To Sch. 1)

Sources:

- Line 1 Total CFRS SD/MC actuals after final settlement (Col. 1) and Audit (Col 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15) as reflected on lines 16, 16A, 17, and 17A, Column C of form MH 1979 for County and Contract Providers.
- Line 2 Total SD/MC paid claims (total non-hospital, including PHF's) by county submitting claims (includes contract providers, excludes Healthy Families).
- Line 4 SD/MC paid claims for children under 21 years of age (full scope, non-hospital including PHF's) including new aid codes by County of Beneficiary.
- Line 6 Cost Settled Baseline for EPSDT for 2001-2002, includes increase for FFS/MC provider rate increase.
- Line 9 SGF gross distribution (see DMH Letter, January 14,2002). Includes adjustment for additional SGF and ASO non participants.
- Line 10 SGF owed to State

* Note: See Management Comment 1

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY				00037	5	JUNE 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Appealed
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SD/MC SETTLEMENTS			
1	Sch 3-1	5		Total Medi-Cal Gross Reimbursement - O/P - Entity #142 - Community Research	\$ 7,277,815	89,140	7,366,955
	Sch 3-1	7		Healthy Family Medi-Cal Gross Reimb. - O/P - Entity #142 - Community Research	21,830	0	21,830
	Sch 3-1	8		Grand Total Gross Reimbursement - O/P - Entity #142 - Community Research	7,299,645	89,140	7,388,785
				To adjust the Total Medi-Cal Gross Reimbursement as a result of adjustments made to the Community Reserach audit report and incorporation of Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. Case No. MH7-0602-499-MH			
2	Sch 3-4	30		Total SD/MC Net Reimb. Cost - FFP - Entity #142 - Community Research	\$ 3,635,787	45,785	3,681,572
		Total		Total SD/MC Net Reimb. Cost - FFP	21,826,945	45,785	21,872,730
				To adjust the Total SD/MC Net Reimbursable Costs as a result of adjustments made to the Community Research audit report and incorporation of Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. Case No. MH7-0602-499-MH			
3	Sch 3-4	33		Total Net Reimbursable Cost - FFP - Entity #142 - Community Research	3,662,985	45,784	3,708,769
		Total		Total Net Reimbursable Cost - FFP	22,535,464	45,784	22,581,248
				To adjust the Total Net Reimbursable Costs as a result of adjustments made to the Community Research audit report and incorporation of Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. Case No. MH7-0602-499-MH			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SAN DIEGO COUNTY				Provider Number 00037	No. of Adj. 5	Fiscal Period Ended JUNE 30, 2002	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Appealed
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SD/MC SETTLEMENTS			
4	Sch 3-4	35 Total		Lower of Cost or Contract Maximum - FFP - Entity #142 - Community Research Lower of Cost or Contract Maximum - FFP To adjust the Lower of Cost or Contract Maximum as a result of adjustments made to the Community Research audit report and incorporation of Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. Case No. MH7-0602-499-MH	3,662,985 22,535,464	45,784 45,784	3,708,769 22,581,248
				ADJUSTMENT TO EPSDT STATE GENERAL FUND SETTLEMENT			
5	Sch 4	10		EPSDT - SGF To adjust the EPSDT - SGF as a result of adjustments made to the Community Research audit report and incorporation of Final Decision Pursuant to Stipulation of Parties dated March 19, 2009. Case No. MH7-0602-499-MH Note: See Management Comment 1	15,135,013	86,340	15,221,353
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
MANAGEMENT COMMENT
FOR FISCAL YEAR ENDED JUNE, 2002**

MANAGEMENT COMMENT 1: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$86,340 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 01-02 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

"Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose....."

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (05/03)

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY

County Code: 37

Legal Entity: San Diego County Mental Health		A	B	C
Legal Entity Number: 00037		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	42,597,164	194,669,700	237,266,864
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(124,194,111)	(124,194,111)
4	Other Adjustments (Provide Detail)		(38,798,899)	(38,798,899)
5	Total Costs Before Medi-Cal Adjustments	42,597,164	31,676,690	74,273,854
6	Medi-Cal Adjustments from MH 1961			364,765
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			74,638,619
Administrative Costs (County Only)				
9	SD/MC Administration			9,775,322
10	Healthy Families Administration			
11	Non-SD/MC Administration			4,600,151
12	Total Administrative Costs			14,375,473
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			441,597
14	Other SD/MC Utilization Review			2,081,692
15	Non-SD/MC Utilization Review			341,179
16	Total Utilization Review Costs			2,864,468
17	Research and Evaluation (County Only)			618,996
18	Mode Costs (Direct Service and MAA)			56,779,682
19	Total Costs - Lines 9 through 18			74,638,619

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (05/03)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
 County Code: 37

Legal Entity: San Diego County Mental Health		A	B	C
Legal Entity Number: 00037		Salaries and Benefits	Other	Total Adjustments
1	Short-Doyle/Medi-Cal Administration Costs		248,040	248,040
2	Non-SD/MCAdministration Costs		116,725	116,725
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		364,765	364,765

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (05/03)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: San Diego County Mental Health		A
Legal Entity Number: 00037		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	56,779,682
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,163,825
3	Other 24 Hour Services (Mode 05-All Other SFC)	4,919,024
4	Day Services (Mode 10)	1,249,240
5	Outpatient Services (Mode 15 Program 1 + Program 2)	40,693,937
6	Outreach Services (Mode 45)	936,787
7	Medi-Cal Administrative Activities (Mode 55)	1,384,865
8	Support Services (Mode 60)	432,003
9	Total - Lines 2 through 8	56,779,682

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
County Code: 37

CR NR

Legal Entity: San Diego County Mental Health			A	B	C	D	E	F	G
Legal Entity Number: 00037				Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)			Mode Total	Function	Function	Function	Function	Function	Function
				10	19				
1	Allocation Percentage		100.00%	94.94%	5.06%				
2	Total Units			7,499	400				
3	Gross Cost		7,163,825	6,801,054	362,771				
4	Cost per Unit			906.93	906.93				
5	SMA per Unit			806.74	231.22				
6	Published Charge per Unit			693.69	693.69				
7	Negotiated Rate / Cost per Unit			693.69					
8	Medi-Cal Units	07/01/01 - 09/30/01		20	3				
8A		10/01/01 - 06/30/02		73					
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units			7,406	397				
13	Medi-Cal Costs	07/01/01 - 09/30/01	18,830	18,139	691				
13A		10/01/01 - 06/30/02	66,206	66,206					
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	16,826	16,135	691				
14A		10/01/01 - 06/30/02	58,892	58,892					
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	14,565	13,874	691				
15A		10/01/01 - 06/30/02	50,639	50,639					
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01	14,565	13,874	691				
16A		10/01/01 - 06/30/02	50,639	50,639					
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC (Children) Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC (Children) Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		7,078,790	6,716,710	362,080				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

DETAIL COST REPORT

PAGE 1 OF 1

Fiscal Year 2001-2002

MH 1966A (05/03)

County: SAN DIEGO COUNTY
County Code: 37

CR

Legal Entity: San Diego County Mental Health			A	B	C	D	E	F	G
Legal Entity Number: 00037			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)									
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			12,313					
3	Gross Cost		4,919,024	4,919,024					
4	Cost per Unit			399.50					
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01							
8A		10/01/01 - 06/30/02							
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units			12,313					
13	Medi-Cal Costs	07/01/01 - 09/30/01							
13A		10/01/01 - 06/30/02							
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01							
14A		10/01/01 - 06/30/02							
15	Medi-Cal Published Charges	07/01/01 - 09/30/01							
15A		10/01/01 - 06/30/02							
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		4,919,024	4,919,024					

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
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CR

CR

Legal Entity: San Diego County Mental Health			A	B	C	D	E	F	G
Legal Entity Number: 00037			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				20	96				
1	Allocation Percentage		100.00%	43.18%	56.82%				
2	Total Units			4,617	15,639				
3	Gross Cost		1,249,240	539,479	709,761				
4	Cost per Unit			116.85	45.38				
5	SMA per Unit			80.14	111.25				
6	Published Charge per Unit			59.37	103.72				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		393	2,138				
8A		10/01/01 - 06/30/02		1,026	8,123				
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01		2					
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11		Healthy Families (SED) Units	07/01/01 - 09/30/01			15			
11A		10/01/01 - 06/30/02			45				
12	Non-Medi-Cal Units			3,196	5,318				
13	Medi-Cal Costs	07/01/01 - 09/30/01	142,952	45,921	97,031				
13A		10/01/01 - 06/30/02	488,539	119,884	368,655				
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	269,348	31,495	237,853				
14A		10/01/01 - 06/30/02	985,907	82,224	903,684				
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	245,086	23,332	221,753				
15A		10/01/01 - 06/30/02	903,431	60,914	842,518				
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01	234	234					
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01	160	160					
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01	119	119					
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/01 - 09/30/01	681		681				
29A		10/01/01 - 06/30/02	2,042		2,042				
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01	1,669		1,669				
30A		10/01/01 - 06/30/02	5,006		5,006				
31	Healthy Families Published Charges	07/01/01 - 09/30/01	1,556		1,556				
31A		10/01/01 - 06/30/02	4,667		4,667				
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		614,793	373,441	241,352				

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County Code: 37			CR		CR	CR	CR		
Legal Entity: San Diego County Mental Health			A	B	C	D	E	F	G
Legal Entity Number: 00037				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function	Function
				01	10	60	70		
1	Allocation Percentage		100.00%	12.18%	18.98%	49.85%	18.98%		
2	Total Units			1,884,502	4,381,913	2,298,712	1,203,170		
3	Gross Cost		31,248,968	3,807,337	5,932,422	15,577,046	5,932,163		
4	Cost per Unit			2.02	1.35	6.78	4.93		
5	SMA per Unit			1.71	2.20	4.09	3.29		
6	Published Charge per Unit			2.15	2.29	6.39	7.26		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01		299,153	537,692	214,570	149,876		
8A		10/01/01 - 06/30/02		1,051,778	1,663,778	638,770	411,030		
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01			256	1,369	75		
9A		10/01/01 - 06/30/02				75			
10	Enhanced SD/MC (Children) Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01		1,499	3,896	450	336		
11A		10/01/01 - 06/30/02		4,343	15,927	1,080	882		
12	Non-Medi-Cal Units			527,729	2,160,364	1,442,398	640,971		
13	Medi-Cal Costs	07/01/01 - 09/30/01	3,525,314	604,391	727,951	1,454,017	738,955		
13A		10/01/01 - 06/30/02	10,732,581	2,124,951	2,252,494	4,328,576	2,026,561		
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	3,065,157	511,552	1,182,922	877,591	493,092		
14A		10/01/01 - 06/30/02	9,423,710	1,798,540	3,660,312	2,612,569	1,352,289		
15	Medi-Cal Published Charges	07/01/01 - 09/30/01	4,333,696	643,179	1,231,315	1,371,102	1,088,100		
15A		10/01/01 - 06/30/02	13,137,192	2,261,323	3,810,052	4,081,740	2,984,078		
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01	9,993		347	9,277	370		
17A		10/01/01 - 06/30/02	508			508			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01	6,409		563	5,599	247		
18A		10/01/01 - 06/30/02	307			307			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01	9,879		586	8,748	545		
19A		10/01/01 - 06/30/02	479			479			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01	13,009	3,028	5,275	3,049	1,657		
29A		10/01/01 - 06/30/02	42,004	8,774	21,563	7,319	4,349		
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01	14,080	2,563	8,571	1,841	1,105		
30A		10/01/01 - 06/30/02	49,785	7,427	35,039	4,417	2,902		
31	Healthy Families Published Charges	07/01/01 - 09/30/01	17,460	3,223	8,922	2,876	2,439		
31A		10/01/01 - 06/30/02	59,115	9,337	36,473	6,901	6,403		
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs		16,925,558	1,066,193	2,924,794	9,774,299	3,160,272		

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			MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: San Diego County Mental Health			A	B	C	D	E	F
Legal Entity Number: 00037				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function
				01	02	10	30	39
								40
1	Allocation Percentage		100.00%	0.07%	0.08%	0.27%	9.87%	3.49%
2	Total Units			7,880	9,195	23,030	834,495	295,065
3	Gross Cost		9,444,969	6,842	7,984	25,726	932,200	329,612
4	Cost per Unit			0.87	0.87	1.12	1.12	1.12
5	SMA per Unit			1.71	1.71	2.20	2.20	2.20
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/01 - 09/30/01		1,140		5,500	131,975	950,580
8A		10/01/01 - 06/30/02		6,740		17,210	571,930	3,067,065
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01						
9A		10/01/01 - 06/30/02						
10	Enhanced SD/MC Units	07/01/01 - 09/30/01						
10A		10/01/01 - 06/30/02						
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02						
11	Healthy Families (SED) Units	07/01/01 - 09/30/01						
11A		10/01/01 - 06/30/02						
12	Non-Medi-Cal Units				9,195	320	130,590	295,065
13	Medi-Cal Costs	07/01/01 - 09/30/01	2,093,787	990		6,144	147,427	1,061,876
13A		10/01/01 - 06/30/02	6,755,697	5,852		19,225	638,893	3,426,164
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	4,123,537	1,949		12,100	290,345	2,091,276
14A		10/01/01 - 06/30/02	13,304,778	11,525		37,862	1,258,246	6,747,543
15	Medi-Cal Published Charges	07/01/01 - 09/30/01						
15A		10/01/01 - 06/30/02						
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01						
16A		10/01/01 - 06/30/02						
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01						
17A		10/01/01 - 06/30/02						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01						
18A		10/01/01 - 06/30/02						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01						
19A		10/01/01 - 06/30/02						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01						
20A		10/01/01 - 06/30/02						
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01						
21A		10/01/01 - 06/30/02						
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01						
22A		10/01/01 - 06/30/02						
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01						
23A		10/01/01 - 06/30/02						
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01						
24A		10/01/01 - 06/30/02						
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02						
29	Healthy Families Costs	07/01/01 - 09/30/01						
29A		10/01/01 - 06/30/02						
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01						
30A		10/01/01 - 06/30/02						
31	Healthy Families Published Charges	07/01/01 - 09/30/01						
31A		10/01/01 - 06/30/02						
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01						
32A		10/01/01 - 06/30/02						
33	Non-Medi-Cal Costs		595,486		7,984	357	145,880	329,612

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Legal Entity: San Diego County Mental Health			MHS	MHS	MHS				
Legal Entity Number: 00037			H	I	J	K	L	M	N
Mode: 15 - Outpatient (Program 2)			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			50	60	75				
1	Allocation Percentage		0.18%	37.33%	0.00%				
2	Total Units		14,910	1,697,890	90				
3	Gross Cost		16,656	3,526,106	150				
4	Cost per Unit		1.12	2.08	1.67				
5	SMA per Unit		2.20	4.09	3.29				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/01 - 09/30/01	300	422,300					
8A		10/01/01 - 06/30/02	14,610	1,275,590	90				
9	Medicare/Medi-Cal Crossover Units	07/01/01 - 09/30/01							
9A		10/01/01 - 06/30/02							
10	Enhanced SD/MC Units	07/01/01 - 09/30/01							
10A		10/01/01 - 06/30/02							
10B	Enhanced SD/MC (Refugees) Units	07/01/01 - 06/30/02							
11	Healthy Families (SED) Units	07/01/01 - 09/30/01							
11A		10/01/01 - 06/30/02							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/01 - 09/30/01	335	877,015					
13A		10/01/01 - 06/30/02	16,321	2,649,091	150				
14	Medi-Cal SMA Upper Limits	07/01/01 - 09/30/01	660	1,727,207					
14A		10/01/01 - 06/30/02	32,142	5,217,163	296				
15	Medi-Cal Published Charges	07/01/01 - 09/30/01							
15A		10/01/01 - 06/30/02							
16	Medi-Cal Negotiated Rates	07/01/01 - 09/30/01							
16A		10/01/01 - 06/30/02							
17	Medicare/Medi-Cal Crossover Costs	07/01/01 - 09/30/01							
17A		10/01/01 - 06/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/01 - 09/30/01							
18A		10/01/01 - 06/30/02							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/01 - 09/30/01							
19A		10/01/01 - 06/30/02							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/01 - 09/30/01							
20A		10/01/01 - 06/30/02							
21	Enhanced SD/MC Costs	07/01/01 - 09/30/01							
21A		10/01/01 - 06/30/02							
22	Enhanced SD/MC SMA Upper Limits	07/01/01 - 09/30/01							
22A		10/01/01 - 06/30/02							
23	Enhanced SD/MC Published Charges	07/01/01 - 09/30/01							
23A		10/01/01 - 06/30/02							
24	Enhanced SD/MC Negotiated Rates	07/01/01 - 09/30/01							
24A		10/01/01 - 06/30/02							
25	Enhanced SD/MC (Refugees) Costs	07/01/01 - 06/30/02							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/01 - 06/30/02							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/01 - 06/30/02							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/01 - 06/30/02							
29	Healthy Families Costs	07/01/01 - 09/30/01							
29A		10/01/01 - 06/30/02							
30	Healthy Families SMA Upper Limits	07/01/01 - 09/30/01							
30A		10/01/01 - 06/30/02							
31	Healthy Families Published Charges	07/01/01 - 09/30/01							
31A		10/01/01 - 06/30/02							
32	Healthy Families Negotiated Rates	07/01/01 - 09/30/01							
32A		10/01/01 - 06/30/02							
33	Non-Medi-Cal Costs			(0)					

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Legal Entity: San Diego County Mental Health		A	B	C	D	E	F	G
Legal Entity Number: 00037			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		23,578					
3	Gross Cost	936,787	936,787					
4	Cost per Unit		39.73					
5	Non-Medi-Cal Units		23,578					
6	Non-Medi-Cal Costs	936,787	936,787					

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Legal Entity: San Diego County Mental Health		A	B	C	D	E	F	G
Legal Entity Number: 00037			Service	Service	Service	Service	Service	Service
Mode: 55 Medi-Cal Administrative Activities		Mode Total	Function	Function	Function	Function	Function	Function
			01	04	07	09	11	14
1	Allocation Percentage	100.00%	7.14%	1.65%	6.55%	2.09%	5.03%	10.90%
2	Total Units		210,932	48,697	199,218	61,836	148,435	384,142
3	Total Expenditures	1,384,865	98,907	22,834	90,765	28,995	69,602	150,998
4	Cost per Unit		0.47	0.47	0.46	0.47	0.47	0.39
5	Non-Medi-Cal Costs	616,302						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (05/03)

DETAIL COST REPORT

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Fiscal Year 2001-2002

County: SAN DIEGO COUNTY

County Code: 37

		MAA	MAA	MAA	MAA	MAA	MAA
Legal Entity: San Diego County Mental Health		H	I	J	K	L	N
Legal Entity Number: 00037		Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function
		17	21	24	27	31	35
1	Allocation Percentage	23.07%	20.89%	11.72%	0.99%	4.98%	4.98%
2	Total Units	681,477	617,106	372,231	29,249	146,990	146,997
3	Total Expenditures	319,548	289,365	162,284	13,715	68,924	68,928
4	Cost per Unit	0.47	0.47	0.44	0.47	0.47	0.47
5	Non-Medi-Cal Costs						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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DETAIL COST REPORT

Fiscal Year 2001-2002

County: SAN DIEGO COUNTY
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CR

Legal Entity: San Diego County Mental Health		A	B	C	D	E	F	G
Legal Entity Number: 00037			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	432,003	432,003					
4	Cost per Unit		432,003.02					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	432,003	432,003					

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Legal Entity: San Diego County Mental Health			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00037			Mode 55			Total MAA	Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col J)
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29								
1	Medi-Cal Costs	07/01/01 - 09/30/01					18,830		142,952	3,525,314	3,668,266	2,093,787	5,762,053
1A		10/01/01 - 06/30/02					66,206		488,539	10,732,581	11,221,120	6,755,697	17,976,817
2	Medi-Cal SMA	07/01/01 - 09/30/01					16,826		269,348	3,065,157	3,334,505	4,123,537	7,458,042
2A		10/01/01 - 06/30/02					58,892		985,907	9,423,710	10,409,617	13,304,778	23,714,395
3	Medi-Cal P. C.	07/01/01 - 09/30/01					14,565		245,086	4,333,696	4,578,781		4,578,781
3A		10/01/01 - 06/30/02					50,639		903,431	13,137,192	14,040,624		14,040,624
4	Medi-Cal N. R.	07/01/01 - 09/30/01					14,565						
4A		10/01/01 - 06/30/02					50,639						
5	Medi-Cal Gross Reimbursement	07/01/01 - 09/30/01					14,565		269,348	3,065,157	3,334,505	2,093,787	5,428,292
5A		10/01/01 - 06/30/02					50,639		985,907	9,423,710	10,409,617	6,755,697	17,165,314
6	Medicare/Medi-Cal Crossover Cost	07/01/01 - 09/30/01							234	9,993	10,227		10,227
6A		10/01/01 - 06/30/02								508			508
7	Medicare/Medi-Cal Crossover SMA	07/01/01 - 09/30/01							160	6,409	6,569		6,569
7A		10/01/01 - 06/30/02								307			307
8	Medicare/Medi-Cal Crossover P. C.	07/01/01 - 09/30/01							119	9,879	9,997		9,997
8A		10/01/01 - 06/30/02								479			479
9	Medicare/Medi-Cal Crossover N. R.	07/01/01 - 09/30/01											
9A		10/01/01 - 06/30/02											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/01 - 09/30/01							160	6,409	6,569		6,569
10A		10/01/01 - 06/30/02								307			307
11	Total SD/MC + Crossover Gross Reim.	07/01/01 - 09/30/01					14,565		269,508	3,071,567	3,341,074	2,093,787	5,434,861
11A		10/01/01 - 06/30/02					50,639		985,907	9,424,017	10,409,924	6,755,697	17,165,621
12	Enhanced SD/MC (Children) Cost	07/01/01 - 09/30/01											
12A		10/01/01 - 06/30/02											
13	Enhanced SD/MC (Children) SMA	07/01/01 - 09/30/01											
13A		10/01/01 - 06/30/02											
14	Enhanced SD/MC (Children) P. C.	07/01/01 - 09/30/01											
14A		10/01/01 - 06/30/02											
15	Enhanced SD/MC (Children) N. R.	07/01/01 - 09/30/01											
15A		10/01/01 - 06/30/02											

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